

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment </div> <div style="border: 1px solid black; padding: 5px;"> Work Assignment Number 1-18 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: </div> </div>										
Contract Number EP-D-14-032		Contract Period 09/16/2014 To 09/15/2019 Base Option Period Number 1		Title of Work Assignment/SF Site Name USEPA Santiago Megacity Partn.						
Contractor INDUSTRIAL ECONOMICS, INCORPORATED			Specify Section and paragraph of Contract SOW 1, 10, 12							
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval			Period of Performance From 09/16/2015 To 09/15/2016							
Comments: The work plan and cost estimate dated 8/18/2016 have been received, reviewed, and are hereby approved (with noted edits in workplan-see attachment, Accra s/b changed to Santiago) for 136 hours and \$13,342.65. No previously performed work shall be duplicated.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee: \$0.00		LOE: 0						
09/16/2014 To 09/15/2019										
This Action:		\$13,342.65		136						
Total:		\$13,342.65		136						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: 08/18/2016		Cost/Fee \$13,342.65		LOE: 136						
Cumulative Approved:		Cost/Fee \$13,342.65		LOE: 136						
Work Assignment Manager Name Paul Almodovar _____ (Signature) (Date)						Branch/Mail Code:				
						Phone Number: 919-541-0283				
						FAX Number:				
Project Officer Name Carolyn Blake _____ (Signature) (Date)						Branch/Mail Code:				
						Phone Number: 919-541-5256				
						FAX Number:				
Other Agency Official Name _____ (Signature) (Date)						Branch/Mail Code:				
						Phone Number:				
						FAX Number:				
Contracting Official Name Natalia Fisher-Jackson _____ (Signature) (Date)						Branch/Mail Code:				
						Phone Number: 919-541-3564				
						FAX Number:				